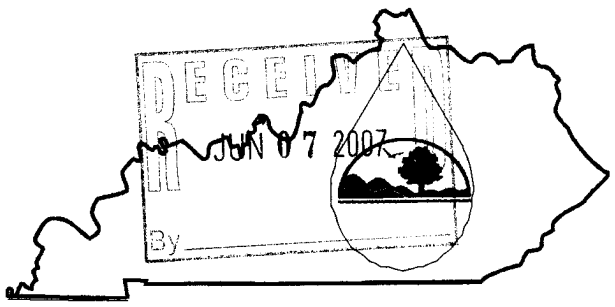
KPDES FORM 1

√ AI 3875



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☐ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.
  Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:
Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:
KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION	AGENCY USE	0	0	5	2	7	5	2

A. Name of business, municipality, company, etc. requesting permit
Morehead Utility Plant Board

B. Facility Name and Location	C. Facility Owner/Mailing Address
Facility Location Name: Morehead Wastewater Plant	Owner Name: Morehead Utility Plant Board
Facility Location Address (i.e. street, road, etc.): 175 Bull Fork Road	Mailing Street: 135 S. Wilson Avenue
Facility Location City, State, Zip Code: Morehead, KY. 40351	Mailing City, State, Zip Code: Morehead, KY 40351
	Telephone Number: 1-606-784-5538

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: The Wastewater Plant treats the wastewater by utilizing fine screening of the influent, then utilizes a contact stabilization activated sludge process. Disinfection is by means of a UV system.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	4952 Wastewater Treatment		
Other SIC Codes:	n/a		

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 ½ minute quadrangle map for the site. (See instructions)

B. County where facility is located:	City where facility is located (if applicable):
Rowan	Morehead

C. Body of water receiving discharge:
Licking river

D. Facility Site Latitude (degrees, minutes, seconds):	Facility Site Longitude (degrees, minutes, seconds):
38 , 09, 5	83, 30, 52

E. Method used to obtain latitude & longitude (see instructions): Trimble Pro XR GPS

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 03 520 0000

IV. OWNER/OPERATOR INFORMATION

A. Type of Ownership:
☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:	Telephone Number:
Chuck Davis	1-606-783-1502
Operator Mailing Address (Street): 175 Bull Fork Road	
Operator Mailing Address (City, State, Zip Code): Morehead, KY. 40351	
Is the operator also the owner? Yes ☐ No ☒	Is the operator certified? If yes, list certification class and number below. Yes ☒ No ☐
Certification Class: Class IV Wastewater	Certification Number: 7231

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:	Issue Date of Current Permit:	Expiration Date of Current Permit:
KY0052752	May 1, 2005	November 30, 2007
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Six	September, 1980	103-00020
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	
n/a	n/a	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	n/a	
Solid or Special Waste	103-00020	
Hazardous Waste - Registration or Permit	n/a	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:	Morehead Wastewater Plant Robert M. Nickell, General Manager

B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)

DMR Mailing Name:	Morehead Utility Plant Board
DMR Mailing Street:	135 S. Wilson Avenue
DMR Mailing City, State, Zip Code:	Morehead, KY. 40351
DMR Official Telephone Number:	1-606-784-5538

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

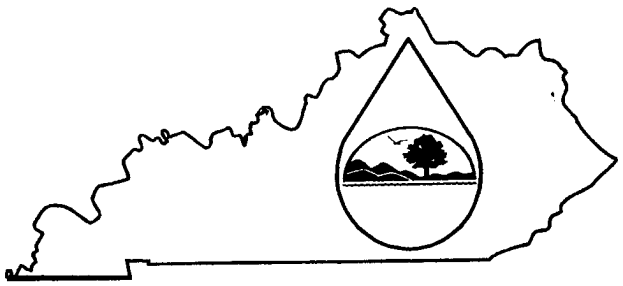
Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due) MUN	n/a

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Robert M. Nickell, General Manager	1-606-784-5538
SIGNATURE	DATE:
Robert M. Nickell by Chuck Dove	6-6-07

KPDES FORM A



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch (502) 564-3410.

APPLICATION OVERVIEW	AGENCY USE							

Form A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Morehead Wastewater Plant

Mailing Address: 175 Bull Fork Road

Morehead, Ky. 40351

Contact person: Chuck Davis

Title: Superintendent

Telephone number: 606-783-1502

Facility Address (not P.O. Box): "same as above"

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: Morehead Utility Plant Board

Mailing Address: 135 S. Wilson Ave.

Morehead, Ky. 40351

Contact person: Mike Nickell

Title: General Manager

Telephone number: 606-784-5538

Is the applicant the owner or operator (or both) of the treatment works?

☒ Owner ☐ Operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ Facility ☒ Applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

KPDES: KY0052752 PSD:

UIC: Other:

RCRA: Other: Solid Waste 103-00020

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
City of Moehead	2038	Seperate	Municipal
Rowan County	2372	Seperate	Municipal
Bath County	447	Seperate	Municipal
Morehead State Univ.	4000	Seperate	Private
Total population served	8857		

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

☐ Yes ☒ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

☐ Yes ☒ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 5 / 10 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	2.104	2.091	2.600	mgd
c. Maximum daily flow rate	3.250	9.171	13.841	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒	Separate sanitary sewer	100 %
☐	Combined storm and sanitary sewer	%

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes ☐ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent

iii. Combined sewer overflow points

iv. Constructed emergency overflows (prior to the headworks)

v. Other _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? ☐ Yes ☒ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge ☐ continuous or ☐ intermittent?

c. Does the treatment works land-apply treated wastewater? ☐ Yes ☒ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ mgd

Is land application ☐ continuous or ☐ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☐ Yes ☒ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the KPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? ☐ Yes ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method ☐ continuous or ☐ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location

Farmers — 40319
(City or town, if applicable) (Zip Code)

Rowan — KY.
(County) (State)

38° 8' 25" — 83° 33' 27"
(Latitude) (Longitude)

c. Distance from shore (if applicable) 0 ft.

d. Depth below surface (if applicable) 0 ft.

e. Average daily flow rate 2.600 mgd

f. Does this outfall have either an intermittent or a periodic discharge? ☐ Yes ☒ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

A.10. Description of Receiving Waters.

a. Name of receiving water Licking River

b. Name of watershed (if known) _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable):
acute 22.8 cfs chronic 22.8 cfs

e. Total hardness of receiving stream at critical low flow (if applicable): 100 mg/l of $CaCO_3$

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary

☐ Advanced ☐ Other. Describe: _____

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal	85	%
Design SS removal	85	%
Design P removal	n/a	%
Design N removal	n/a	%
Other _____		%

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

ultraviolet

If disinfection is by chlorination, is dechlorination used for this outfall? ☐ Yes ☐ No

d. Does the treatment plant have post aeration? ☐ Yes ☒ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.22	s.u.			
pH (Maximum)	7.56	s.u.			
Flow Rate	13.841	MGD	2.265	MGD	1095
Temperature (Winter)	14.7°	C	12.83°	C	156
Temperature (Summer)	25.2°	C	23.1°	C	156

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5							
DEMAND (Report one)	CBOD-5	170	mg/l	6.47	mg/l	468	sm 5210B	2 mg/l
FECAL COLIFORM		12550	col/100	42.73	col/100	468		1col/100 ml
TOTAL SUSPENDED SOLIDS (TSS)		425	mg/l	10.36	mg/l	468		1 mg/l

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

629,523 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

M.U.P.B. has a dedicated I/I crew who are constantly working on the elimination of out I/I. Quarterly reports are submitted to DOW of their activity.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

☐ Yes ☐ No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	_____	_____
– End construction	_____	_____
– Begin discharge	_____	_____
– Attain operational level	_____	_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ☐ Yes ☐ No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: _____

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	37.7	mg/l	7.20	mg/l	468	hach 8038	Q.02 mg/l
CHLORINE (TOTAL RESIDUAL, TRC)	0.067	mg/l	0.006	mg/l	468	hach 10014	0.002 mg/l
DISSOLVED OXYGEN	8.2	mg/l	4.84	mg/l	468	SM 4500-OG	1.0 mg/l
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)	5.90	mg/l	2.120	mg/l	468	hach 8190	0.02 mg/l
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form A, as explained in the Application Overview. Indicate below which parts of Form A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form A you have completed and are submitting:

☒ Basic Application Information packet

Supplemental Application Information packet:

☒ Part D (Expanded Effluent Testing Data)

☒ Part E (Toxicity Testing: Biomonitoring Data)

☒ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

☐ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title: Robert M. Nickell, General Manager

Signature: Robert M. Nickell by Chuck Daws

Telephone number: 606-784-5538

Date signed: 6-6-07

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Division of Water, KPDES Branch
Inventory & Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

For additional information call: (502) 564-2225, extension 465.

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY											
ARSENIC	0.0010	mg/L	0.036	lb	<0.0010	mg/L	<0.033	lb	3	200.8	0.0010 mg/L
BERYLLIUM											
CADMIUM	0.00060	mg/L	0.022	lb	<0.00053	mg/L	<0.018	lb	3	200.8	0.00050 mg/L
CHROMIUM	0.0015	mg/L	0.048	lb	<0.0013	mg/L	<0.042	lb	3	200.8	0.0010 mg/L
COPPER	0.0081	mg/L	0.28	lb	0.0060	mg/L	0.20	lb	3	200.8	0.0010 mg/L
LEAD	<0.0010	mg/L	<0.036	lb	<0.0010	mg/L	<0.033	lb	3	200.8	0.0010 mg/L
MERCURY	11.2	ng/L	0.00039	lb	5.17	ng/L	0.00018	lb	3	1631	0.500 ng/L
NICKEL	0.012	mg/L	0.43	lb	0.0099	mg/L	0.33	lb	3	200.8	0.0010 mg/L
SELENIUM	0.0014	mg/L	0.05	lb	<0.0013	mg/L	<0.04	lb	3	200.8	0.0010 mg/L
SILVER	<0.00050	mg/L	<0.018	lb	<0.00050	mg/L	<0.016	lb	3	200.8	0.00050 mg/L
THALLIUM											
ZINC	0.045	mg/L	1.56	lb	0.028	mg/L	0.98	lb	3	200.8	0.010 mg/L
CYANIDE	<0.0050	mg/L	<0.18	lb	<0.0050	mg/L	<0.16	lb	3	335.3	0.0050 mg/L
TOTAL PHENOLIC COMPOUNDS	<0.040	mg/L	<1.45	lb	<0.040	mg/L	<1.33	lb	3	420.2	0.040 mg/L
HARDNESS (AS $CaCO_3$)	150	mg/L	3447	lb	146	mg/L	2736	lb	3	130.1	30 mg/L
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)											
POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

_____ chronic _____ acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:	Test number:	Test number:
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

	Test number:	Test number:	Test number:
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
PH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

* Please see attachments for Biological Testing Information

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☐ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. _____

b. Number of CIUs. _____

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: *Please see attachments for Industrial User Discharge Info

Mailing Address: _____

_____

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

_____

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): _____

Raw material(s): _____

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd ☐ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd ☐ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☐ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

_____

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☐ No If yes, describe each episode.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☐ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☐ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

_____

_____

_____

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

_____

_____

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.

_____

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location _____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Which of the following were monitored during the last year for this CSO?

☐ Rainfall ☐ CSO pollutant concentrations ☐ CSO frequency
☐ CSO flow volume ☐ Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.
_____ events (☐ actual or ☐ approx.)

b. Give the average duration per CSO event.
_____ hours (☐ actual or ☐ approx.)

c. Give the average volume per CSO event.

_____ million gallons (☐ actual or ☐ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.

Attachments

MOR & DMR Data Used for Effluent Testing Calculations

MOR & DMR Data used for effluent testing calculations

Month	PH Min	PH Max	Flow Max	Flow AVG	Temp (W)Max	Temp (S) Max	Temp AVG	CBOD Max	CBOD AVG	FECAL MAX	FECAL AVG	TSS MAX	TSS AVG	AMM. MAX	AMM. AVG	TRC MAX	TRC AVG	D.O. MAX	D.O. AVG	Phos MAX	Phos AVG
April 04'	6.530	7.140	3.250	2.580				12.000	8.000	69.000	15.000	15.000	10.000	25.300	11.700	0.006	0.001	7.000	6.400	2.000	1.700
May 04'	7.010	7.300	2.600	2.070				22.000	8.000	400.000	42.000	44.000	14.000	37.700	14.800	0.017	0.001	6.500	5.700	3.000	2.200
June 04'	7.030	7.560	2.399	2.050				5.000	4.000	880.000	28.000	8.000	6.000	20.500	12.400	0.009	0.002	5.200	5.000	2.000	1.600
July 04'	6.900	7.410	2.190	1.540				9.000	5.000	440.000	41.000	20.000	7.000	22.100	15.300	0.002	0.002	5.500	4.700	2.800	2.300
Aug. 04'	6.720	7.140	2.625	1.940				20.000	7.000	970.000	116.000	33.000	15.000	12.800	5.780	0.017	0.001	5.200	4.500	2.900	2.300
Sept. 04'	6.930	7.270	2.525	1.670				11.000	6.000	1320.000	109.000	29.000	11.000	19.400	13.000	0.017	0.001	5.300	4.700	2.500	1.930
Oct. 04'	6.300	7.270	2.436	1.870				13.000	6.000	580.000	143.000	80.000	17.000	17.700	10.400	0.012	0.001	6.200	5.000	4.600	2.900
Nov. 04'	6.550	7.220	2.873	2.490				18.000	6.000	280.000	53.000	29.000	10.000	16.400	8.200	0.017	0.001	5.600	5.300	1.800	1.400
Dec 04'	6.430	7.070	2.632	2.320				29.000	10.000	55.000	27.000	30.000	15.000	12.800	8.520	0.016	0.001	6.200	5.300	1.700	1.300
Jan. 05'	6.610	7.180	2.575	2.360				7.000	6.000	125.000	25.000	12.000	8.000	11.600	7.420	0.012	0.005	7.000	5.600	1.800	1.200
Feb. 05'	6.970	7.200	2.600	2.260	12.100			10.000	8.000	740.000	13.000	18.000	10.000	10.000	8.620	0.018	0.006	6.100	5.800	1.600	1.200
March 05'	6.820	7.130	2.586	2.098				16.000	11.000	1000.000	45.000	30.000	20.000	12.200	8.830	0.016	0.007	6.500	6.000	2.100	1.600
April 05'	6.930	7.210	2.133	1.900				12.000	10.000	37.000	13.000	20.000	15.000	13.800	10.400	0.018	0.008	6.000	5.600	2.100	1.800
May 05'	7.000	7.230	2.225	1.820				28.000	13.000	615.000	81.000	42.000	18.000	16.900	13.800	0.044	0.015	5.900	5.100	3.100	2.200
June 05'	7.030	7.370	1.975	1.540				170.000	38.000	5500.000	227.000	425.000	78.000	24.000	18.400	0.014	0.044	5.400	4.500	3.400	3.200
July 05'	6.580	7.300	1.815	1.370				22.000	12.000	12550.000	121.000	72.000	28.000	19.900	12.200	0.067	0.003	5.400	4.600	5.000	3.100
Aug. 05'	6.920	7.260	3.785	2.120		24.800		12.000	6.000	6100.000	224.000	15.000	8.000	18.000	12.000			4.900	4.100	2.400	2.100
Sept. 05'	6.420	7.090	2.608	1.770			18.100	8.000	4.000	390.000	30.000	24.000	6.000	6.150	2.630			4.700	4.000	2.800	2.400
Oct. 05'	6.450	6.740	2.277	1.640				5.000	3.000	15.000	3.000	6.000	3.000	3.750	0.840			5.400	4.900	4.000	2.400
Nov. 05'	6.520	6.920	3.002	1.750				8.000	5.000	15.000	5.000	8.000	6.000	6.380	4.080			5.200	4.500	3.100	3.000
Dec. 05'	6.720	6.960	5.134	2.290				10.000	7.000	20.000	4.000	10.000	5.000	10.000	6.210			4.600	3.900	3.600	2.400
Jan. 06'	6.710	7.230	9.171	3.750				19.000	8.000	54.000	7.000	17.000	7.000	10.800	4.740			8.200	3.200	2.600	1.500
Feb 06'	6.640	7.150	4.217	2.470	14.700			5.000	4.000	34.000	2.000	7.000	4.000	9.710	4.440			5.400	3.500	3.400	1.800
March 06'	6.540	6.980	6.552	2.670				7.000	4.000	26.000	5.000	6.000	4.000	21.900	7.060			4.400	2.600	2.400	1.800
April 06'	6.420	6.910	4.810	3.500				7.000	4.000	29.000	4.000	17.000	5.000	6.100	1.990			6.500	3.800	2.100	1.200
May 06'	6.220	6.890	3.270	1.950				3.000	3.000	196.000	5.000	4.000	2.000	4.380	1.180			5.600	4.500	3.600	2.800
June 06'	6.520	6.930	3.015	1.600				3.000	2.000	31.000	8.000	6.000	3.000	2.140	0.890			5.000	4.300	4.500	3.300
July 06'	6.620	6.860	3.250	1.690				3.000	2.000	440.000	30.400	4.000	3.000	9.000	2.080			4.500	3.700	4.200	2.200
Aug. 06'	6.570	6.860	6.042	1.680		25.200		9.000	4.000	1200.000	43.000	21.000	8.000	13.400	3.950			5.500	4.400	5.800	4.500
Sept. 06'	6.690	7.090	13.841	3.310			19.000	4.000	2.000	1800.000	23.980	8.000	3.000	6.080	1.310			7.000	5.500	5.900	3.100
Oct. 06'	6.690	7.020	6.996	3.080				4.000	2.000	35.000	6.000	8.000	4.000	1.060	0.660			7.000	5.800	4.200	2.400
Nov. 06'	6.670	7.090	5.051	2.770				3.000	2.000	21.000	6.000	4.000	3.000	2.620	0.830			6.700	5.900	2.300	1.700
Dec. 06'	6.580	7.160	5.459	2.640				6.000	4.000	90.000	11.000	8.000	6.000	5.700	1.640			6.200	5.400	4.000	2.500
Jan. 07'	6.600	7.170	9.642	3.390				4.000	3.000	49.000	7.000	6.000	4.000	6.860	4.940			6.200	5.400	2.300	1.000
Feb. 07'	6.860	7.370	4.505	2.640	11.700			4.000	3.000	59.000	11.000	6.000	4.000	11.800	8.640			6.000	6.000	2.700	1.600
March 07'	6.800	7.110	6.144	2.960		19.300	14.500	4.000	3.000	34.000	4.000	8.000	3.000	14.700	9.580			5.900	5.375	1.100	0.700
MAXIMUM	7.030	7.560	13.841	3.750	14.700	25.200	19.000	170.000	38.000	12550.000	227.000	425.000	78.000	37.700	18.400	0.067	0.044	8.200	6.400	5.900	4.500
AVERAGE	6.681	7.133	4.117	2.265	12.833	23.100	17.200	14.778	6.472	1005.528	42.733	30.556	10.361	12.879	7.207	0.019	0.006	5.831	4.849	3.039	2.120

Biological Testing

1st Quarter
2006

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. **Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

E.4. **Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 02/24/2006 (MM/DD/YYYY)

Summary of results: (see instructions)

Outfall 001. Collected 01/15/2006, 01/17/2006 & 01/19/2006 Test for ceriodaphnia dubia was conducted 01/17/2006 to 01/23/2006 using method 1002.0 resulting in a calculated TU estimate of ≤ 1 TU

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. **Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

E.4. **Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 02/24/2006 (MM/DD/YYYY)

Summary of results: (see instructions)

Outfall 001. Collected 01/15/2006, 01/17/2006 & 01/19/2006. Test for Pimephales promelas was conducted 01/17/2006 to 01/ 24/2006 using mthod 1000.0 resulting in a calculated TU estimate of <1 TU.

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

2nd Quarter
2006

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. **Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

E.4. **Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 07/27/2006 (MM/DD/YYYY)

Summary of results: (see instructions)

Outfall 001. Collected 05/21/2006, 05/23/2006& 05/25/2006. Test for ceriodaphnia dubia was conducted 05/23/2006 to 05/31/2006 using method 1002.0 which was invalided since only 40% of surviving adults had 3 broods.

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. **Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

E.4. **Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 07/27/2006 (MM/DD/YYYY)

Summary of results: (see instructions)

Outfall 001. Collected 05/21/2006, 05/23/2006 & 05/25/2005. Test for Pimephales promelas was conducted 05/23/2006 to 05/30/2006 using method 1000.0 resulting in a calculated TU estimate of < 1 TU

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. **Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

E.4. **Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 07/27/2006 (MM/DD/YYYY)

Summary of results: (see instructions)

Outfall 001. Collected 06/04/2006, 06/06/2006 & 06/08/2006 Test for Ceriodaphnia dubia (a retest of 05/23/2006 test) was conducted on 06/06/2006 to 06/12/2006 using method 1002.0. Calculated TU estimate of < 1.

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

3rd Quarter
2006

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. **Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

E.4. **Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 09/26/2006 (MM/DD/YYYY)

Summary of results: (see instructions)

Outfall 001. Collected 08/20/2006, 08/22/2006 & 08/24/ 2006. Test for Ceriodaphnia dubia was conducted 08/22/2006 to 08/28/2006 using method 1002.0 resulting in a calculated TU estimate of <1 TU.

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. **Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

E.4. **Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 09/26/2006 (MM/DD/YYYY)

Summary of results: (see instructions)

Outfall 001. Collected 08/20/2006, 08/22/2006 & 08/24/2006. Test for Pimephales promelas was conducted 08/22/2006 to 08/29/2006 using method 1000.0 resulting in a calculated TU of <1 TU

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

4th Quarter
2006

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. **Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

E.4. **Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 01/24/2007 (MM/DD/YYYY)

Summary of results: (see instructions)

Outfall 001. Collected 11/05/2006,11/07/2006 & 11/09/2006. Test for Ceriodaphnia dubia was conducted 11/07/2006 to 11/13/2006 using method 1002.0 resulting in a calculated TU of <1 TU

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. **Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

E.4. **Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 01/24/2007 (MM/DD/YYYY)

Summary of results: (see instructions)

Outfall 001. Collected 11/05/2006, 11/07/2006 & 11/09/2006. Test for Pimehales promelas was conducted 11/07/2006 to 11/14/2006 using method 1000.0 resulting in a calculated TU estimate of 11.5 TU.

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. **Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

E.4. **Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted 01/24/2007 (MM/DD/YYYY)

Summary of results: (see instructions)

Outfall 001. Collected 11/26/2006, 11/28/2006 & 11/30/2006. Test for Pimephales promelas was conducted 11/28/2006 to 12/05/2006 using method 1000.0 resulting in a calculated TU estimate of <1 TU.

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. **Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

E.4. **Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 01/24/2007 (MM/DD/YYYY)

Summary of results: (see instructions)

Outfall 001. Collected 12/17/2006, 12/19/2006 & 12/21/2006. Test for Ceriodaphnia dubia was conducted 12/19/2006 to 12/25/2006 using method 1002.0 resulting in a calculated TU estimate of <1 TU.

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 01/24/2006 (MM/DD/YYYY)

Summary of results: (see instructions)

Outfall 001. Collected 12/17/2006,12/19/2006 & 12/21/2006. Test for Pimephales promelas was conducted 12/19/2006 to 12/26/2006 using method 1000.0 resulting in a calculated estimate of <1 TU

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

1st Quarter
2007

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. **Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

E.4. **Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 03/26/2007 (MM/DD/YYYY)

Summary of results: (see instructions)

Outfall 001. Collected 02/04/2007, 02/06/2007 & 02/08 2007. Test for Ceriodaphnia dubia was conducted 02/06/2007 to 02/ 12/ 2007 using method 1002.0 resulting in a calculated TU estimate of <1 TU.

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
Was reference toxicant test within acceptable bounds?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. **Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

☐ Yes ☐ No If yes, describe: _____

E.4. **Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: 03/26/2007 (MM/DD/YYYY)

Summary of results: (see instructions)

Outfall 001. Collected 02/04/2007, 02/06/2007 & 02/08/2007. Test for Pimephales promelas using method 1000.0 resulted in a calculated TU estimate of <1 TU.

END OF PART E.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE.

Industrial User Discharges

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 3

b. Number of CIUs. 2

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: MOREHEAD STATE UNIVERSITY

Mailing Address: UPO 831

MOREHEAD, KY 40351

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

N/A UNIVERSITY

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): PRIMARY-TOILETS SHOWERS & LAVATORIES; SECONDARY-CUSTODIAL, MAINTENANCE & LABORATORY

Raw material(s): N/A

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

0 gpd ☐ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

494,500 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

NOT APPLICABLE

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units
NOT APPLICABLE		

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☒ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

NOT APPLICABLE

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

NOT APPLICABLE

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

NOT APPLICABLE

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.

NOT APPLICABLE

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 3

b. Number of CIUs. 2

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: LOCAL SANITATION

Mailing Address: 300 OLD PHELPS ROAD
MOREHEAD, KY 40351

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

SOLID WASTE LANDFILL - ACTIVE

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): SOLID WASTE

Raw material(s): N/A

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

0 gpd ☐ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2,340,000 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

NOT APPLICABLE

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units
NOT APPLICABLE		

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☒ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

NOT APPLICABLE

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

NOT APPLICABLE

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

NOT APPLICABLE

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.

NOT APPLICABLE

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 3

b. Number of CIUs. 2

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: SEALMASTER BEARINGS

Mailing Address: 101 SEALMASTER LANE
MOREHEAD, KY 40351

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

METAL FINISHING AND FABRICATION

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): BALL AND MOUNTED ROLLER BEARINGS

Raw material(s): IRON, STEEL AND BRONZE

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

500 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

8900 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433 PSNS

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units
NOT APPLICABLE		

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☒ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

NOT APPLICABLE

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

NOT APPLICABLE

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

NOT APPLICABLE

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.

NOT APPLICABLE

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 3

b. Number of CIUs. 2

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: GUARDIAN AUTOMOTIVE TRIM

Mailing Address: 200 GUARDIAN AVENUE
MOREHEAD, KY 40351

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

AUTOMOTIVE PARTS MANUFACTURING

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): PLASTIC AUTOMOTIVE EXTERIOR TRIM PARTS

Raw material(s): PAINTS, METALS, PLASTICS

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

161,100 gpd ☒ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

304,300 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☒ Yes ☐ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433-PSNS

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units
NOT APPLICABLE		

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☒ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

NOT APPLICABLE

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

NOT APPLICABLE

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

NOT APPLICABLE

b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.

NOT APPLICABLE

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

☒ Yes ☐ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 3

b. Number of CIUs. 2

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: ST. CLAIRE REGIONAL MEDICAL CENTER

Mailing Address: 222 MEDICAL CIRCLE
MOREHEAD, KY 40351

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

ACUTE HEALTHCARE FACILITY

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): ACUTE HEALTHCARE FACILITY

Raw material(s): DETERGENT, WATER SOFTENERS, STERILIZING AGENT, FILM PROCESSING FLUIDS, XYLENE & FORMALDEHYDE - LAB

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

0 gpd ☐ continuous or ☐ intermittent

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

82,600 gpd ☒ continuous or ☐ intermittent

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ☒ Yes ☐ No

b. Categorical pretreatment standards ☐ Yes ☒ No

If subject to categorical pretreatment standards, which category and subcategory?

NOT APPLICABLE

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

☐ Yes ☒ No If yes, describe each episode.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ☐ Yes ☒ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

☐ Truck ☐ Rail ☐ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units
NOT APPLICABLE		

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

☐ Yes (complete F.13 through F.15.) ☒ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

NOT APPLICABLE

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

NOT APPLICABLE

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

☐ Yes ☐ No

If yes, describe the treatment (provide information about the removal efficiency):

NOT APPLICABLE

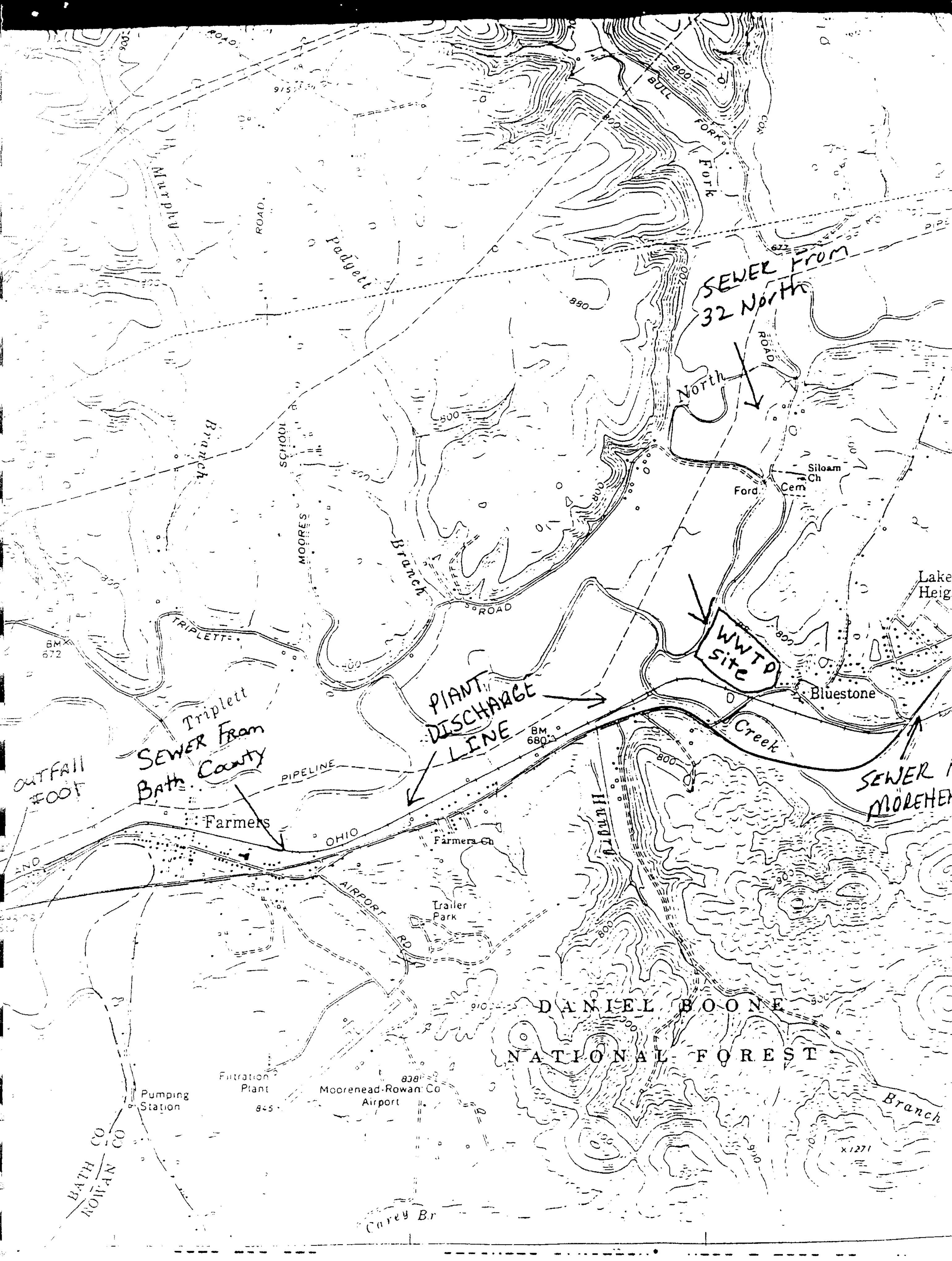
b. Is the discharge (or will the discharge be) continuous or intermittent?

☐ Continuous ☐ Intermittent If intermittent, describe discharge schedule.

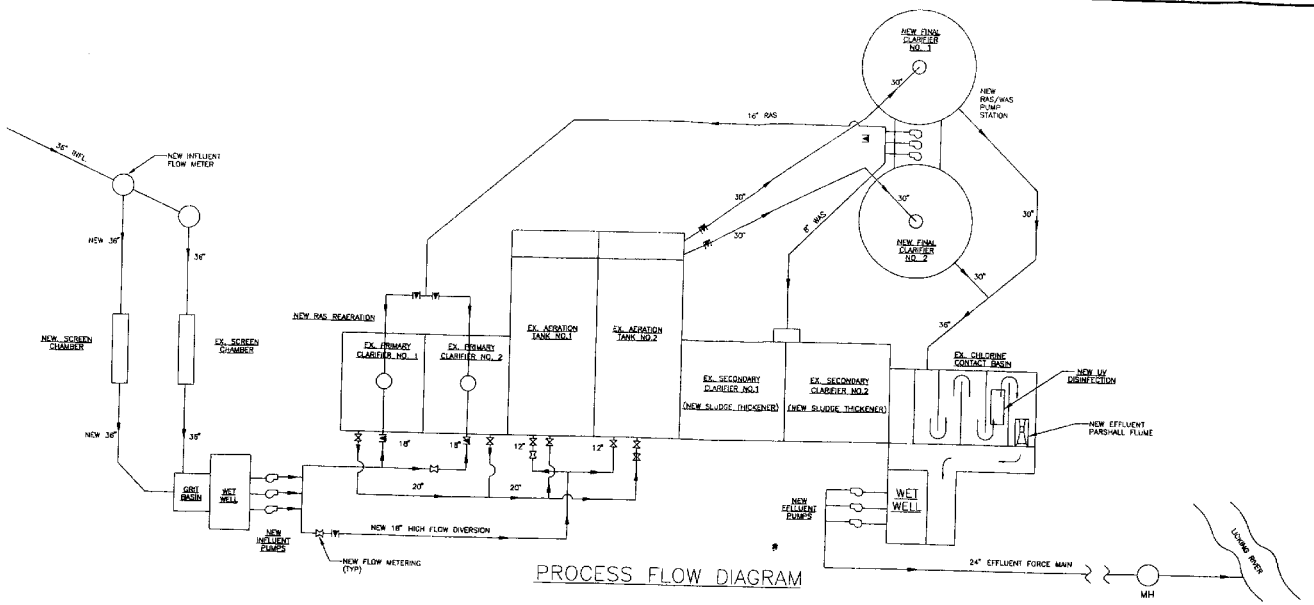
NOT APPLICABLE

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM A YOU MUST COMPLETE

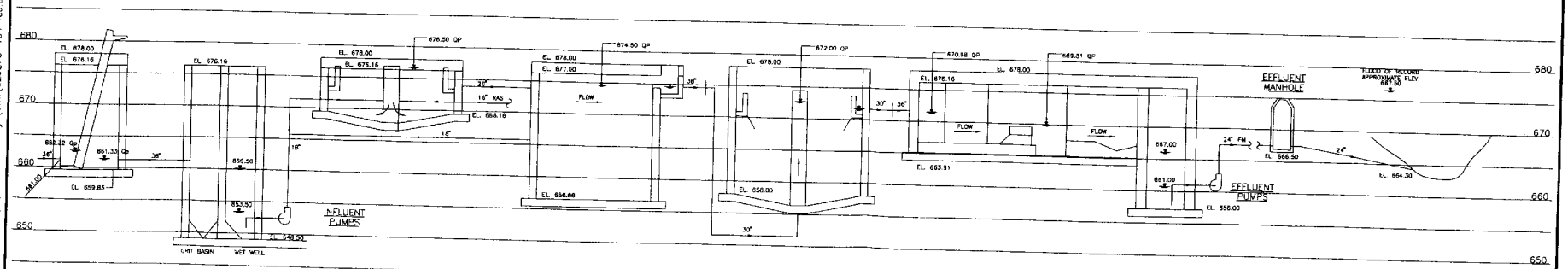
Maps


SEWER From 32 North
WWTP Site
PLANT DISCHARGE LINE
SEWER From Bath County
OUTFALL #001
Murphy
Padgett
Branch
BULL FORK
Fork
North
ROAD
SCHOOL
MOORES
Branch
TRIPLETT
Triplett
BM 672
BM 680
PIPELINE
Siloam Ch
Ford
Cem
Bluestone
Creek
Farmers
OHIO
Farmers Ch
AIRPORT RD
Trailer Park
DANIEL BOONE
NATIONAL FOREST
Filtration Plant
Morehead-Rowan Co Airport
Pumping Station
BATH CO
ROWAN CO
Carey Br
Branch

Plant Schematics



PROCESS FLOW DIAGRAM



HYDRAULIC PROFILE

RECORD DOCUMENTS

Upon completion of the Work, the Design Professional shall compile for and deliver to the client a reproducible set of Record Documents conforming to the marked-up prints, drawings and other data furnished by the Design Professional by the Contractor. This set of Record Documents will show the reported location of the Work and significant changes made during the construction process. Because these Record Documents are based on unverified information provided by other parties which will be assumed reliable, the Design Professional cannot and does not warrant their accuracy.

Tetra Tech, Inc.

Date _____ By _____

TETRA TECH, INC.
800 Corporate Drive Lexington, Kentucky 40503 (859) 223-6000

WASTEWATER TREATMENT PLANT IMPROVEMENTS
MOREHEAD UTILITY PLANT BOARD
MOREHEAD, KENTUCKY

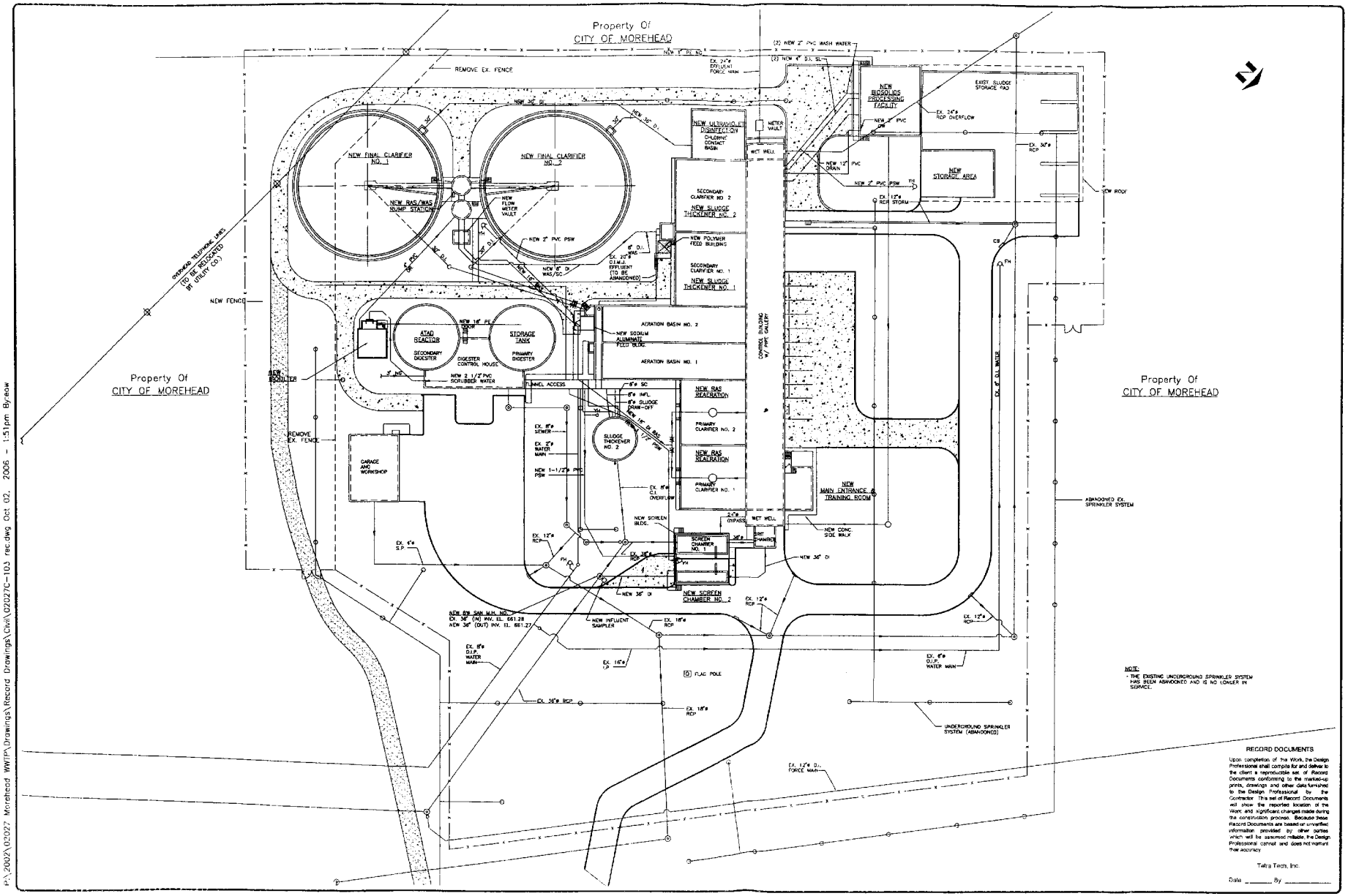
PROCESS FLOW DIAGRAM & HYDRAULIC PROFILE

SCALE:	NONE
JOB No.:	02027
DESIGNED BY:	MLL
DETAILED BY:	JLR
CHECKED BY:	MLL
DATE:	AUGUST, 2003

REVISIONS:

SHEET: C-104 OF 4

P:\2002\02027 Morehead WWTP\Drawings\Record Drawings\Civil\02027C-104 rec.dwg Oct 02, 2006 - 1:52pm Byreow



NOTE:
- THE EXISTING UNDERGROUND SPRINKLER SYSTEM HAS BEEN ABANDONED AND IS NO LONGER IN SERVICE.

RECORD DOCUMENTS

Upon completion of the Work, the Design Professional shall compile for and deliver to the client a reproducible set of Record Documents conforming to the marked-up prints, drawings and other data furnished to the Design Professional by the Contractor. This set of Record Documents will show the reported location of the Work and significant changes made during the construction process. Because these Record Documents are based on unverified information provided by other parties which will be assumed reliable, the Design Professional cannot and does not warrant their accuracy.

Tetra Tech, Inc.

Date _____ By _____

TETRA TECH, INC.
800 Corporate Drive Lexington, Kentucky 40503 (859) 223-8000

WASTEWATER TREATMENT PLANT IMPROVEMENTS
MOREHEAD UTILITY PLANT BOARD
MOREHEAD, KENTUCKY

PROPOSED SITE PIPING PLAN

SCALE:	1"=30'
JOB No.:	02027
DESIGNED BY:	MLL
DETAILED BY:	JLR
CHECKED BY:	MLL
DATE:	AUGUST, 2003

REVISIONS:

SHEET: C-103 OF 4

ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601-1190
www.kentucky.gov

TERESA J. HILL
SECRETARY

June 26, 2007

Robert M. Nickell, General Manager
Morehead Utility Plant Board
135 South Wilson Avenue
Morehead, Kentucky 40351

Re: Complete KPDES Permit Application
KPDES No.: KY0052752
Morehead WWTP
Rowan County, Kentucky

Dear Mr. Nickell:

Your Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on June 7, 2007, and has been determined complete. As per 401 KAR 5:075, Section 1(7), the official effective date of your application has been determined as June 26, 2007, the date of this notice.

If this application is for new construction, appropriate plans and specifications must be submitted and a construction permit issued before construction may begin. For new facilities, the review of this application may be coordinated in accordance with 401 KAR 5:300, Section 4(1).

A technical review of your permit application will commence in the near future. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. A request for this additional information will not render your application incomplete.

If you have any questions concerning this matter, please contact Barry Elmore at (502) 564-8158, extension 459.

Sincerely,

Nancy Green, Program Coordinator
Inventory and Data Management Section
KPDES Branch
Division of Water

NG:ng
c: Division of Water Files

MOREHEAD UTILITY PLANT BOARD

Serving You Over 50 Years

June 4, 2007

Vickie L. Prather, Acting Supervisor
Division of Water, KPDES Branch
Inventory & Data Management Section
Frankfort Office Park
14 Reilly Road
Frankfort, Kentucky 40601

Re: KPDES No.: KY0052752
Morehead Wastewater Treatment Plant
Rowan County, Kentucky

Ms. Prather:

Enclosed is the Morehead Utility Plant Board's Kentucky Pollutant Discharge Elimination System permit application for your review and approval.

If you have any questions regarding the completed application, please contact Chuck Davis, Wastewater Superintendent at (606) 783-1502 or me at the phone number listed below.

Sincerely,

R. Mike Nickell
by Chuck Davis

R. Mike Nickell
General Manager

RMN: cd

enclosures

135 SOUTH WILSON AVENUE • MOREHEAD, KENTUCKY 40351-1675
(606) 784-5538 • Fax (606) 783-1340 • Toll Free: 1-877-784-6872
An Equal Opportunity Provider and Employer

TTY (606) 783-0548

ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601
www.kentucky.gov

TERESA J. HILL
SECRETARY

May 3, 2007

MAY 31 2007
SECOND NOTICE

Mr. Mike Nickell
Morehead Utility Plant Board
175 Bullfork Road
Morehead, Kentucky 40351

RE: KPDES No. KY0052752
Morehead Wastewater Treatment Plant
Rowan County, Kentucky

Dear Mr. Nickell:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on November 30, 2007. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is June 10, 2007.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

Vickie L. Prather

Vickie L. Prather, Acting Supervisor
Inventory and Data Management Section
KPDES Branch
Division of Water

VLP:ASW:asw

Enclosures

C: Morehead Regional Office
Division of Water Files